

(1) PLACE OF BIRTH

County of *Anderson*
Township of *Beulah Creek*
Inc. Town of
City of
(If birth occurs in a hospital or other institution, give name of same, instead of street and number.)

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No. — For State Registrar Only
71245

Registration District No. *202* Registered No. *89*
(For use of Local Registrar)
St.; Ward)

(2) Full Name of Child *Marian Eunice Mullikin*
is not yet named, make supplemental report as directed

(3) BOY OR GIRL? *girl* (4) Twin or Triplet? *no* (5) Number in order of birth *1*
To be answered only in event of Twins or Triplets (6) Are Parents Married? *yes* (7) DATE OF BIRTH *Aug. 25, 1916*
(Name of Month) (Day) (Year)

(8) FULL NAME OF FATHER *J. P. Mullikin*

(14) NAME BEFORE MARRIAGE OF MOTHER *Edcee Jones*

(9) PRESENT POSTOFFICE OF FATHER *Winston R#1*

(15) PRESENT POSTOFFICE OF MOTHER *Winston R#1*

(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *21*
(Years)

(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *25*
(Years)

(12) BIRTHPLACE OF FATHER *Anderson Co S.C.*

(18) BIRTHPLACE OF MOTHER *Anderson Co S.C.*

(13) OCCUPATION OF FATHER *Farmer*

(19) OCCUPATION OF MOTHER *House Work*

(20) Number of children born to mother, including present birth *1*

(21) Number of children of this mother now living, including present birth *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *1* P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Belle Hadames*

(24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *W. P. Watson*

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filled *Sept. 6, 1916* (28) *W. P. Watson* Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

MARRY WITH OTHER RECORDS IN THIS VOLUME
FIRST-BORN, No. 1. THE OTHER, No. 2, etc. in question 5.
McCaw, of Columbia.